

***IN THE UNITED STATES PATENT AND TRADEMARK OFFICE***

Applicant: Patrick J. Sweeney  
Title: SPINAL DISC PROSTHESIS SYSTEM  
Appl. No.: 10/619,757  
Filing Date: 07/15/2003  
Examiner: Philogene, Pedro  
Art Unit: 3733  
Conf. No.: 7389

**NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD  
OF PATENT APPEALS AND INTERFERENCES**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision of the Examiner in the Final Office Action dated May 24, 2007, and in the Advisory Action dated August 20, 2007, finally rejecting Claims 1-3, 8-10, 13-16 and 27-41.

☒ Applicant claims small entity status.

☒ Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

☒ Notice of Appeal Fee

☒ To be paid as detailed below

☐ Not required (Fee paid in prior appeal)

The required fees are calculated below:

|                                     |  |          |
|-------------------------------------|--|----------|
| <input checked="" type="checkbox"/> | Notice of Appeal Fee                                 | \$500.00 |
| <input checked="" type="checkbox"/> | Extension for response filed within the first month: | \$120.00 |
| <input type="checkbox"/>            | Extension:   | \$0.00   |
|                                     | FEE TOTAL:   | \$620.00 |
| <input checked="" type="checkbox"/> | Small Entity Fees Apply (subtract ½ of above):       | \$310.00 |
|                                     | TOTAL FEE:   | \$310.00 |

The above-identified fees of \$310.00 are being paid by credit card via EFS-Web.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16, 1.17 and 41.20, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by the credit card payment instructions in EFS-Web being incorrect or absent, resulting in a rejected or incorrect credit card transaction, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date September 24, 2007

By /Jeffrey S. Gundersen/

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